

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 49860						
<p>In re Application of Berndl et al.</p> <table border="1"> <tr> <td>Application Number <b>09/937,313</b></td> <td>Filed 09/24/2001</td> </tr> <tr> <td colspan="2">For Solubilizing aids in powder form for solid pharmaceutical presentation forms</td> </tr> <tr> <td>Art Unit 1618</td> <td>Examiner Young</td> </tr> </table>			Application Number <b>09/937,313</b>	Filed 09/24/2001	For Solubilizing aids in powder form for solid pharmaceutical presentation forms		Art Unit 1618	Examiner Young
Application Number <b>09/937,313</b>	Filed 09/24/2001							
For Solubilizing aids in powder form for solid pharmaceutical presentation forms								
Art Unit 1618	Examiner Young							
<p>Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) <span style="float: right;">\$ <b>540.00</b></span></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ _____</span></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiency, or credit any overpayment to Deposit Account No. <u>14-1437</u>.</p> <p><input type="checkbox"/> Applicants hereby petition for a <u>3</u> month extension of time under 37 C.F.R. §1.136.</p> <p><input checked="" type="checkbox"/> The requisite fee of <b>\$ 620.00</b> is paid by credit card. The fee for a 2 month extension of time in the amount of \$490.00 has been submitted on October 28, 2008.</p> <p>I am the</p> <p><input type="checkbox"/> applicant /inventor. <span style="float: right;">/Michael P. Byrne/ Signature</span></p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <span style="float: right;">Michael P. Byrne Typed or printed name</span></p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>54,015</u> <span style="float: right;">202-659-0100 Telephone number</span></p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. <span style="float: right;">November 26, 2008 Date</span></p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>								